

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>000001</i>	<i>10/10/00</i>
O.I.P.E. CLASSIFIER	<i>J</i>	<i>59</i>	<i>61-2</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>Bent</i>	<i>11830</i>	<i>8-1</i>

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Original	5/24/03
1	5/24/03
2	
3	
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	
9	✓ ✓
10	✓ ✓
11	✓ ✓
12	✓ ✓
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15	✓ ✓
16	✓ ✓
17	✓ ✓
18	✓ ✓
19	✓ ✓
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21	✓ ✓
22	✓ ✓
23	✓ ✓
24	✓ ✓
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28	✓ ✓
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33	✓ ✓
34	✓ ✓
35	✓ ✓
36	✓ ✓
37	✓ ✓
38	✓ ✓
39	✓ ✓
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41	✓ ✓
42	✓ ✓
43	✓ ✓
44	✓ ✓
45	✓ ✓
46	✓ ✓
47	✓ ✓
48	
49	✓ ✓
50	✓ ✓

Claim	Final	Original	Date
		<u>1/26/03</u>	
51	✓	✓	1/11/03
52	✓	✓	1/23/03
53	✓	✓	
54	✓	✓	
55	✓	✓	
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57	✓	✓	
58	✓	✓	
59	✓	✓	
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Claim	Date				
Final Original					
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy